
TITLE 460 DIVISION OF DISABILITY AND REHABILITATIVE SERVICES

Emergency Rule
LSA Document #12-105(E)**DIGEST**

Temporarily amends [460 IAC 6-1-1](#) concerning purpose. Temporarily amends [460 IAC 6-2-1](#), [460 IAC 6-2-2](#), and [460 IAC 6-2-4](#) concerning applicability. Temporarily amends [460 IAC 6-3-2](#), [460 IAC 6-3-5](#), [460 IAC 6-3-15.2](#), [460 IAC 6-3-18](#), [460 IAC 6-3-19](#), [460 IAC 6-3-24](#), [460 IAC 6-3-27](#), [460 IAC 6-3-30](#), [460 IAC 6-3-32](#), [460 IAC 6-3-36](#), [460 IAC 6-3-38.5](#), [460 IAC 6-3-42](#), [460 IAC 6-3-51](#), and [460 IAC 6-3-52.1](#) and adds [460 IAC 6-3-9.1](#), [460 IAC 6-3-18.1](#), [460 IAC 6-3-26.2](#), [460 IAC 6-3-27.1](#), [460 IAC 6-3-29.1](#), [460 IAC 6-3-32.1](#), [460 IAC 6-3-32.2](#), [460 IAC 6-3-34.5](#), [460 IAC 6-3-38.1](#), [460 IAC 6-3-53.1](#), and [460 IAC 6-3-55.1](#) concerning definitions. Temporarily amends [460 IAC 6-4-1](#) concerning services covered. Temporarily amends [460 IAC 6-6-1](#), [460 IAC 6-6-2](#), [460 IAC 6-6-5](#), and [460 IAC 6-6-6](#) concerning application. Temporarily amends [460 IAC 6-7-2](#) and [460 IAC 6-7-6](#) to include monitoring requirements consistent with DDRS policy. Temporarily amends [460 IAC 6-8-2](#) and [460 IAC 6-8-3](#) concerning rights of individuals. Temporarily amends [460 IAC 6-9-2](#) through [460 IAC 6-9-7](#) and adds [460 IAC 6-9-8](#) concerning incident reporting and transitioning of individuals. Temporarily amends [460 IAC 6-10-2](#), [460 IAC 6-10-3](#), [460 IAC 6-10-5](#), [460 IAC 6-10-7](#), [460 IAC 6-10-8](#), and [460 IAC 6-10-10](#) through [460 IAC 6-10-12](#) and adds [460 IAC 6-10-5.1](#) to include document and quality assurance requirements. Temporarily amends [460 IAC 6-11-2](#) to include financial requirements. Temporarily amends [460 IAC 6-12-2](#) to include insurance requirements. Temporarily amends [460 IAC 6-14-3](#) through [460 IAC 6-14-5](#) and [460 IAC 6-14-7](#) to include support staff requirements. Temporarily amends [460 IAC 6-15-2](#), [460 IAC 6-16-1](#), [460 IAC 6-16-2](#), [460 IAC 6-16-4](#), and [460 IAC 6-17-2](#) through [460 IAC 6-17-4](#) concerning personnel and operations. Temporarily amends [460 IAC 6-24-3](#) to ensure proper management of an individual's finances. Temporarily amends [460 IAC 6-25-1](#) through [460 IAC 6-25-3](#) concerning coordination of health care. Temporarily amends [460 IAC 6-29-1](#) through [460 IAC 6-29-3](#) and [460 IAC 6-29-5](#) to ensure safe environments for individuals. Temporarily adds [460 IAC 6-37](#) to include BDDS as the placement authority for persons with a developmental disability. Temporarily adds [460 IAC 6-38](#) to include auto-assignment for individuals who do not follow specified time frames. Temporarily repeals [460 IAC 6-2-3](#), [460 IAC 6-3-2.1](#), [460 IAC 6-3-4](#), [460 IAC 6-3-5.1](#), [460 IAC 6-3-5.2](#), [460 IAC 6-3-6.1](#), [460 IAC 6-3-7](#), [460 IAC 6-3-10.1](#) through [460 IAC 6-3-15.1](#), [460 IAC 6-3-15.3](#), [460 IAC 6-3-16](#), [460 IAC 6-3-17](#), [460 IAC 6-3-20](#), [460 IAC 6-3-21](#), [460 IAC 6-3-23](#), [460 IAC 6-3-25](#), [460 IAC 6-3-26](#), [460 IAC 6-3-28](#), [460 IAC 6-3-29](#), [460 IAC 6-3-29.5](#), [460 IAC 6-3-31](#), [460 IAC 6-3-33](#), [460 IAC 6-3-37](#), [460 IAC 6-3-38](#), [460 IAC 6-3-38.6](#), [460 IAC 6-3-39](#) through [460 IAC 6-3-41.1](#), [460 IAC 6-3-43](#), [460 IAC 6-3-44](#), [460 IAC 6-3-47](#) through [460 IAC 6-3-50](#), [460 IAC 6-3-52](#), [460 IAC 6-3-53](#), [460 IAC 6-3-55](#) through [460 IAC 6-3-58](#), [460 IAC 6-5](#), [460 IAC 6-6-3](#), [460 IAC 6-6-4](#), [460 IAC 6-7-1](#), [460 IAC 6-7-3](#), [460 IAC 6-7-4](#), [460 IAC 6-8-1](#), [460 IAC 6-9-1](#), [460 IAC 6-10-1](#), [460 IAC 6-10-6](#), [460 IAC 6-10-13](#), [460 IAC 6-11-1](#), [460 IAC 6-11-3](#), [460 IAC 6-12-1](#), [460 IAC 6-13](#), [460 IAC 6-14-1](#), [460 IAC 6-14-6](#), [460 IAC 6-15-1](#), [460 IAC 6-16-3](#), [460 IAC 6-17-1](#), [460 IAC 6-18](#) through [460 IAC 6-23](#), [460 IAC 6-24-1](#), [460 IAC 6-24-2](#), [460 IAC 6-25-4](#), [460 IAC 6-25-5](#) through [460 IAC 6-25-10](#), [460 IAC 6-26](#), [460 IAC 6-27](#), [460 IAC 6-28](#), [460 IAC 6-29-4](#), [460 IAC 6-29-6](#), [460 IAC 6-29-7](#), [460 IAC 6-29-8](#), [460 IAC 6-29-9](#), [460 IAC 6-30](#) through [460 IAC 6-35](#), and [460 IAC 6-36-1](#). Effective February 24, 2012.

SECTION 1. (a) This SECTION supersedes [460 IAC 6-1-1](#).

(b) The purpose of this article is to establish standards and requirements for the approval and monitoring of providers of services to individuals with a developmental disability.

SECTION 2. (a) This SECTION supersedes [460 IAC 6-2-1](#).

(b) This article applies to the approval and monitoring of providers of services.

SECTION 3. (a) This SECTION supersedes [460 IAC 6-2-2](#).

(b) All rules within this article apply to all providers of services.

SECTION 4. (a) This SECTION supersedes [460 IAC 6-2-4](#).

(b) If any provision of this article is deemed to be in conflict with any federal or state statute, regulation, or rule that is specifically applicable to the Medicaid program, including a home and community based services waiver approved by the Centers for Medicare and Medicaid Services under Section 1915(c) of the Social Security Act, then such other statute, regulation, Medicare provision, or rule

shall supersede that part of this article in which the conflict is found.

SECTION 5. (a) This SECTION supersedes [460 IAC 6-3-2](#).

(b) "Abuse" means:

- (1) Intentional or willful infliction of physical injury.
- (2) Unnecessary physical or chemical restraints or isolation.
- (3) Punishment with resulting physical harm or pain.
- (4) Sexual molestation, rape, sexual misconduct, sexual coercion, and sexual exploitation.
- (5) Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications.
- (6) Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation.

(c) In addition to the reporting requirements outlined in [460 IAC 6-9-5](#), abuse may require the provider to file a police report.

SECTION 6. (a) This SECTION supersedes [460 IAC 6-3-5](#).

(b) "Applicant" means a natural person or entity who applies to DDRS for approval to provide one (1) or more supported living services or supports.

SECTION 7. (a) This SECTION temporarily adds [460 IAC 6-3-9.1](#).

(b) "Case manager" means a person employed to provide case management services.

SECTION 8. (a) This SECTION supersedes [460 IAC 6-3-15.2](#).

(b) "Conflict of interest" means a situation in which:

- (1) an owner, a director, an officer, an employee, a contractor, a subcontractor, or an agent performing any management, administrative, or direct services to an individual on behalf of a provider, or a family member of any of these individuals has a private financial interest, such as affiliation through employment or contract, with an organization that does business with the provider; or
- (2) a person or provider uses its position to exploit an official capacity in some way for its personal or corporate benefit.

SECTION 9. (a) This SECTION supersedes [460 IAC 6-3-18](#).

(b) "Direct support professional staff" means an owner, a director, an agent, an employee, a contractor, a subcontractor, or an officer of a provider entity who provides direct or hands-on services to an individual while providing any of the services for which the provider has received BDDS approval as fully listed in the most applicable and recently approved:

- (1) Indiana Medicaid home and community based services waiver document; or
- (2) guidelines for expenses and costs through BDDS state line item funds.

SECTION 10. (a) This SECTION temporarily adds [460 IAC 6-3-18.1](#).

(b) "Director" means the director of the division.

SECTION 11. (a) This SECTION supersedes [460 IAC 6-3-19](#).

(b) "Division" or "DDRS" means the division of disability and rehabilitative services created under [IC 12-9-1-1](#).

SECTION 12. (a) This SECTION supersedes [460 IAC 6-3-24](#).

(b) "Exploitation" means:

- (1) use of the personal services, the property, or the identity of an individual without the authorization of the individual; or
- (2) any other type of criminal exploitation;

for one's own profit or advantage or for the profit or advantage of another.

SECTION 13. (a) This SECTION temporarily adds [460 IAC 6-3-26.2](#).

(b) "FSSA" means the Indiana family and social services administration, established under [IC 12-8-1-1](#), which works with Indiana's:

- (1) families;
- (2) children;
- (3) senior citizens;
- (4) people with disabilities; and
- (5) people with mental illness;

providing services to promote self-sufficiency, independence, health, and safety.

SECTION 14. (a) This SECTION supersedes [460 IAC 6-3-27](#).

(b) "Coordination of health care" means coordination services to manage the health care and medical needs of an individual regardless of the complexity of the health care needed, including, but not limited to, the following:

- (1) Medical consults.
- (2) Medications.
- (3) Development and oversight of risk plans, if indicated.
- (4) Utilization of needed supports.
- (5) Maintenance of health records.

(c) Coordination of health care is a component of residential habilitation support when funded by a Medicaid waiver.

SECTION 15. (a) This SECTION temporarily adds [460 IAC 6-3-27.1](#).

(b) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, enacted by the 104th Congress of the United States of America.

SECTION 16. (a) This SECTION temporarily adds [460 IAC 6-3-29.1](#).

(b) "Human rights committee" or "HRC" means a standing committee to review practices or situations that may impact an individual's exercise of rights.

SECTION 17. (a) This SECTION supersedes [460 IAC 6-3-30](#).

(b) "Individual" means a person with a developmental disability who has been determined eligible for waiver services by BDDS. If the term is used in the context indicating that the individual is to:

- (1) receive information; or
- (2) provide agreement to some activity;

the term also includes the individual's legal representative.

SECTION 18. (a) This SECTION supersedes [460 IAC 6-3-32](#).

(b) "Individualized support plan" or "ISP" means a plan that establishes supports and strategies, based upon the person centered planning process, intended to accomplish the individual's long-term and short-term outcomes by accommodating the financial and human resources offered to the individual through paid provider services or volunteer services, or both, as designed and agreed upon by the individualized support team.

SECTION 19. (a) This SECTION temporarily adds [460 IAC 6-3-32.1](#).

(b) "Individualized support team" means a team of persons, including:

- (1) an individual;
- (2) the individual's legal representative, if applicable;
- (3) the individual's providers;
- (4) the individual's case manager, if indicated;
- (5) a BDDS representative; and

(6) other persons identified by the individual or the individual's legal representative, if applicable; who assist the individual in the development and implementation of the individual's ISP.

SECTION 20. (a) This SECTION temporarily adds [460 IAC 6-3-32.2](#).

(b) "Individualized support team meeting" means a meeting of an individualized support team that is requested by a member of the individualized support team to address one (1) or more of the following areas:

- (1) health needs of the individual;
- (2) safety needs of the individual;
- (3) welfare needs of the individual;
- (4) behavioral needs of the individual;
- (5) training needs of the individual; or
- (6) other needs of the individual as determined by the individual or the individual's legal representative.

SECTION 21. (a) This SECTION temporarily adds [460 IAC 6-3-34.5](#).

(b) "Medicaid waiver" means home and community based services authorized under Section 1915(c) of the Social Security Act.

SECTION 22. (a) This SECTION supersedes [460 IAC 6-3-36](#).

(b) "Neglect" means failure to provide:

- (1) a clean and sanitary environment;
- (2) supervision;
- (3) training;
- (4) appropriate personal care;
- (5) personal safety;
- (6) food;
- (7) safety and adaptive devices;
- (8) medical care; or
- (9) medical supervision;

to an individual.

SECTION 23. (a) This SECTION temporarily adds [460 IAC 6-3-38.1](#).

(b) "OMPP" means the office of Medicaid policy and planning as established by [IC 12-8-6-1](#). IAC 6-3-38.1)

SECTION 24. (a) This SECTION supersedes [460 IAC 6-3-38.5](#).

(b) "Person centered planning" means a process that:

- (1) allows an individual and the individual's legal representative, if applicable, to direct the planning and allocation of resources to meet the individual's life goals;
- (2) achieves understanding of how an individual:
 - (A) learns;
 - (B) makes decisions; and
 - (C) is and can be productive;
- (3) discovers what the individual likes and dislikes; and
- (4) empowers an individual and the individual's family to create a life plan and corresponding ISP for the individual that:
 - (A) is based on the individual's goals;
 - (B) encourages and supports the individual's long-term goals;
 - (C) is supported by a short-term plan that is based on reasonable costs, given the individual's support needs;
 - (D) includes individual responsibility; and
 - (E) includes a range of supports, including funded, community, and natural supports.

SECTION 25. (a) This SECTION supersedes [460 IAC 6-3-42](#).

(b) "Provider" means a person or entity approved by DDRS to provide the individual with agreed upon services.

SECTION 26. (a) This SECTION supersedes [460 IAC 6-3-51](#).

(b) "Service coordinator" means a person providing services under [IC 12-11-2.1](#).

SECTION 27. (a) This SECTION supersedes [460 IAC 6-3-52.1](#).

(b) "Service planner" means the worksheet that outlines on a typical week the services an individual is to receive.

SECTION 28. (a) This SECTION temporarily adds [460 IAC 6-3-53.1](#).

(b) "State line item" means a funding source for services authorized by DDRS using one hundred percent (100%) state dollars obligated, within available resources, to support adult individuals who have been determined eligible for developmental disability services by BDDS when all other possible resources, including Medicaid, are unavailable.

SECTION 29. (a) This SECTION temporarily adds [460 IAC 6-3-55.1](#).

(b) "Supported living" means an arrangement whereby an individual:

(1) lives in a private community residence with additional individuals;

(2) receives specialized supports and services; and

(3) works toward goals of:

(A) living independently; and

(B) establishing personal control over their home and the assistance they require.

SECTION 30. (a) This SECTION supersedes [460 IAC 6-4-1](#).

(b) All waiver and state funded services administrated by DDRS are governed by this rule.

SECTION 31. (a) This SECTION supersedes [460 IAC 6-6-1](#).

(b) This rule applies to all services.

SECTION 32. (a) This SECTION supersedes [460 IAC 6-6-2](#).

(b) For consideration of initial approval as a provider, an applicant shall submit a new provider proposal packet to BDDS.

SECTION 33. (a) This SECTION supersedes [460 IAC 6-6-5](#).

(b) A provider approved under this article shall go through the re-approval process at most annually, but no less than every three (3) years.

SECTION 34. (a) This SECTION supersedes [460 IAC 6-6-6](#).

(b) A provider seeking approval to provide an additional service shall comply with section 2 of this rule.

(c) Approval to provide an additional service shall be granted by DDRS only if:

(1) the provider's operations have been reviewed, including review of any surveys, complaints, and summaries of incident reports;

(2) there are no outstanding issues that seriously endanger the health and welfare of an individual; and

(3) there are no outstanding compliance issues with the FSSA, the OMPP, the Indiana state department of health, the department of state revenue, APS, child protective services, the Indiana secretary of state, or any other state or federal agency.

(d) Documentation confirming that the provider's policies and procedures continually comply with

this article may be requested and used in the determination of approval to provide additional services.

SECTION 35. (a) This SECTION supersedes [460 IAC 6-7-2](#).

(b) DDRS shall monitor compliance with the requirements of this article at the following times:

- (1) During random surveys.
- (2) Following receipt of a complaint or report alleging a provider's breach of the requirements of this article.
- (3) During review of the death of an individual.
- (4) As otherwise dictated by the director.

SECTION 36. (a) This SECTION supersedes [460 IAC 6-7-6](#).

(b) To qualify for administrative review of an action or determination of DDRS under this rule, a provider shall file a written petition for review that does the following:

- (1) States facts demonstrating that the provider is:
 - (A) a provider to whom the action is specifically directed;
 - (B) aggrieved or adversely affected by the action; or
 - (C) entitled to review under any law.
- (2) Is filed with the director of DDRS within fifteen (15) days after the provider receives notice of the agency action or determination.

(c) Administrative review shall be conducted in accordance with [IC 4-21.5](#).

SECTION 37. (a) This SECTION supersedes [460 IAC 6-8-2](#).

(b) A provider shall ensure that:

- (1) an individual's rights as guaranteed by the Constitution of the United States and the Constitution of the State of Indiana are not infringed upon;
- (2) an individual's rights as set out in [IC 12-27](#) are not infringed upon; and
- (3) an individual is provided the supports necessary to exercise those rights as provided in [IC 12-27](#).

SECTION 38. (a) This SECTION supersedes [460 IAC 6-8-3](#).

(b) To protect an individual's rights and enable an individual to exercise the individual's rights, a provider shall do the following:

- (1) Protect the individual from harm.
- (2) Provide an individual with humane care.
- (3) Provide services that:
 - (A) are meaningful and appropriate; and
 - (B) comply with:
 - (i) standards of professional practice;
 - (ii) guidelines established by accredited professional organizations, if applicable; and
 - (iii) the code of ethics described at [460 IAC 6-36](#) and [460 IAC 6-14-7](#).

SECTION 39. (a) This SECTION supersedes [460 IAC 6-9-2](#).

(b) A provider shall adopt written policies and procedures regarding the requirements of the following:

- (1) Section 3 of this rule.
- (2) Section 4 of this rule.
- (3) Section 5 of this rule.

(c) A provider shall require the provider's:

- (1) owners;
- (2) directors;
- (3) officers;
- (4) employees;
- (5) contractors;
- (6) subcontractors; and
- (7) agents;

to be familiar with and comply with the policies and procedures required by subsection (b).

(d) Beginning on the date services for an individual commence and at minimum one (1) time a year thereafter, a provider shall inform:

- (1) the individual, in writing and in the individual's usual mode of communication;
- (2) the individual's parent, if the individual is less than eighteen (18) years of age; and
- (3) the individual's legal representative, if applicable;

of the policies and procedures adopted under this section.

SECTION 40. (a) This SECTION supersedes [460 IAC 6-9-3](#).

(b) A provider's owners, directors, officers, employees, contractors, subcontractors, and agents shall not abuse, neglect, exploit, or mistreat an individual or otherwise violate an individual's rights.

(c) A provider who delivers services through owners, directors, officers, employees, contractors, subcontractors, or agents shall adopt policies and procedures that prohibit:

- (1) abuse, neglect, exploitation, or mistreatment of an individual; or
- (2) violation of an individual's rights.

(d) Practices prohibited under this section are described at [460 IAC 6-3-2](#), [460 IAC 6-3-24](#), and [460 IAC 6-3-36](#).

SECTION 41. (a) This SECTION supersedes [460 IAC 6-9-4](#).

(b) A Provider providing services under this article must:

- (1) commit to writing;
- (2) implement; and
- (3) demonstrate

an effective system of protecting an Individual and complying with all applicable rules related to the service being rendered.

(c) The system described in section (b) [subsection (b)] shall include at minimum the following elements:

- (1) an annual survey of Individual satisfaction;
- (2) maintain a record of the findings of the annual individual satisfaction surveys;
- (3) documentation of efforts to improve service delivery in response to the survey of individual satisfaction;
- (4) an assessment of the appropriateness and effectiveness of each outcome included in the individual's ISP;
- (5) a process for:
 - (A) reporting reportable incidents;
 - (B) analyzing data associated with reportable incidents;
 - (C) developing and implementing a risk reduction plan to minimize the potential for future incidents; and
 - (D) monthly review of the risk reduction plan to assess progress and effectiveness;
- (6) if medication is administered to an individual by a provider, a process for:
 - (A) identifying all medication errors;
 - (B) analyzing all medication errors and the persons responsible for them;
 - (C) developing and implementing a risk reduction plan to mitigate and eliminate future medication errors; and
 - (D) a monthly review of the risk reduction plan to assess progress and effectiveness;
- (7) if behavioral supports are provided by a provider, a process for:
 - (A) tracking targeted behaviors;
 - (B) analyzing the targeted behavior data and behavioral health of an individual;
 - (C) developing and implementing proactive and reactive strategies to improve the behavioral health of the Individual;
 - (D) a review of the proactive and reactive strategies to assess progress and effectiveness; and training staff behavioral supports.

(d) A provider shall make all findings available for review by DDRS.

SECTION 42. (a) This SECTION supersedes [460 IAC 6-9-5](#).

(b) A provider shall establish written protocol for reporting reportable incidents to BQIS.

(c) Incidents to be reported include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to:

- (1) alleged, suspected, or actual abuse;
- (2) alleged, suspected, or actual neglect;
- (3) alleged, suspected, or actual exploitation;
- (4) peer-to-peer aggression that results in significant injury of one individual receiving services caused by another individual receiving services;
- (5) death of an individual;
- (6) a service delivery site with structural or environmental problem that jeopardizes or compromises the health or welfare of an individual;
- (7) a fire at the service delivery site that jeopardizes or compromises the health or welfare of an individual;
- (8) elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare;
- (9) missing person when an individual wanders away and no one knows where they are;
- (10) alleged, suspected, or actual criminal activity by an individual receiving services or a provider's staff member, employee, or agent;
- (11) an emergency intervention for an individual;
- (12) any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect, or exploitation, or requires medical evaluation or treatment;
- (13) a significant injury to an individual;
- (14) a fall resulting in injury, regardless of the severity of the injury;
- (15) a medication error or medical treatment error as follows:
 - (A) wrong medication given;
 - (B) wrong medication dosage given;
 - (C) missed medication—not given;
 - (D) medication given wrong route; or
 - (E) medication error that jeopardizes an individual's health and welfare and requires medical attention;
- (16) use of any aversive technique;
- (17) use of any PRN medication related to an individual's behavior; or
- (18) use of any physical or mechanical restraint.

(d) The provider responsible for an individual at the time of the occurrence of a reportable incident shall submit an initial report, and any other person besides the provider may also submit an initial incident report.

(e) When a reportable incident is discovered in which an individual receiving services is determined to be in danger, the person making the discovery shall:

- (1) call 911, if indicated;
- (2) initiate safety actions for the individual as is indicated and as is possible;
- (3) contact and notify the following of the situation:
 - (A) the individual's case manager, or the case management vendor's crisis line if the case manager is not immediately available;
 - (B) a manager with the responsible provider company;
 - (C) the BDDS district manager;
 - (D) APS or Child Protective Services (CPS), as indicated; and
 - (E) the individual's legal representative.

(f) Within twenty-four (24) hours of initial discovery of a reportable incident, the reporting person shall:

- (1) file an incident report using the DDRS approved electronic format;
- (2) forward a copy of the electronically submitted incident report to:
 - (A) APS or CPS, as indicated, for all incidents involving alleged, suspected, or actual abuse, neglect, exploitation, or death;
 - (B) the individual's residential provider when receiving residential services;

- (C) the individual's case manager when receiving waiver services;
- (D) all other service providers identified in the individual's ISP; and
- (3) notify the individual's legal representative, if indicated.

(g) The provider shall supply the case manager with sufficient information to explain how the individual's health and welfare has been secured following the incident.

(h) Until such times as the incident is resolved to the satisfaction of all entities the case manager shall:

- (1) submit an electronic incident follow-up report within seven (7) days of the date of the initial incident report;
- (2) continue to submit incident follow-up reports on an every seven (7) day schedule; and
- (3) forward copies of each follow-up report to the same entities who received a copy of the initial incident report.

(i) Any internal provider incident report addressing services to an individual that is determined by the provider to not meet the criteria of a reportable incident as described in this section shall be made available to:

- (1) an individual's case manager; or
- (2) any representative of DDRS or OMPP, upon request.

(j) A provider shall maintain all documentation related to the incident reporting in electronic format or another format for at minimum seven (7) years.

(k) The provider responsible for the individual at the time the incident was reported to have occurred shall conduct an investigation.

- (1) The individual's other providers shall cooperate in the investigation as necessary; and
- (2) After the incident has been reported through the DDRS electronic system, the investigation shall be initiated within twenty-four (24) hours.

SECTION 43. (a) This SECTION supersedes [460 IAC 6-9-6](#).

(b) When an individual is transitioning from one (1) service provider to an alternate service provider, providers shall provide at least sixty (60) days notice to DDRS. This includes any change in provider for any reason.

(c) Where an individual's services or service provider may be affected, DDRS will not approve any sale, including the sale of assets, without sixty (60) days notice given to BDDS Provider Relations by all providers involved in the transaction.

SECTION 44. (a) This SECTION supersedes [460 IAC 6-9-7](#).

(b) A provider shall give an individual, the individual's individualized support team, and DDRS at minimum sixty (60) days written notice before terminating the individual's services if the services being provided to the individual are of an ongoing nature.

(c) The provider shall continue providing services to the individual until a new provider providing similar services is in place.

SECTION 45. (a) This SECTION supersedes [460 IAC 6-9-8](#).

(b) All providers shall comply with the following:

- (1) All DDRS requests for corrective actions within DDRS identified time frames.
- (2) All additional responsibilities outlined in the DDRS policy manual addressing pre-transition and post transition monitoring.

SECTION 46. (a) This SECTION supersedes [460 IAC 6-10-2](#).

(b) A provider shall maintain documentation that DDRS has approved the provider for each service provided.

SECTION 47. (a) This SECTION supersedes [460 IAC 6-10-3](#).

(b) A provider shall comply with all applicable state and federal statutes, rules, regulations, and requirements.

SECTION 48. (a) This SECTION supersedes [460 IAC 6-10-5](#).

(b) Prior to any:

- (1) owner;
- (2) director;
- (3) officer;
- (4) employee;
- (5) contractor;
- (6) subcontractor; or
- (7) agent;

performing any management, administrative, direct service to an individual, or other work on behalf of a provider company, the provider shall obtain and retain as part of the personal history for each proposed owner, director, officer, employee, contractor, subcontractor, or agent, findings related to section 5.1 of this rule.

SECTION 49. (a) This SECTION supersedes [460 IAC 6-10-5.1](#).

(b) Prohibited offenses include the following felony offenses:

- (1) a sex crime;
- (2) battery;
- (3) neglect;
- (4) abuse;
- (5) exploitation of an endangered adult or of a child;
- (6) failure to report:
 - (A) battery;
 - (B) neglect;
 - (C) abuse; or
 - (D) exploitation of an endangered adult or of a child;
- (7) theft if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in [IC 16-27-2-5\(a\)\(5\)](#);
- (8) criminal conversion;
- (9) criminal deviate conduct;
- (10) murder;
- (11) voluntary manslaughter;
- (12) involuntary manslaughter;
- (13) offenses relating to alcohol or a controlled substance.

(c) People convicted of prohibited offenses as described in this rule shall not hold any positions performing any management, administrative, or direct service to an individual on behalf of a provider company.

(d) People who do not have verified United States residency status shall not hold any position listed in subsection (b) with a provider.

SECTION 50. (a) This SECTION supersedes [460 IAC 6-10-7](#).

(b) A provider for an individual shall collaborate with the individual's other service providers and the individualized support team to provide services to the individual consistent with the individual's ISP.

(c) A provider for an individual shall give the individual's case manager, OMPP, and DDRS, or its designee, access to the provider's quality assurance and quality improvement procedures.

SECTION 51. (a) This SECTION supersedes [460 IAC 6-10-8](#).

(b) If a dispute arises between or among individual members of the individualized support team, the following dispute resolution process shall be implemented:

- (1) The resolution of a dispute shall be designed to address an individual's needs above the needs of any individualized support team member.
- (2) The parties to the dispute shall attempt to resolve the dispute informally through an exchange of information and possible resolution.
- (3) If the parties are not able to resolve the dispute within fifteen (15) days:
 - (A) each party shall document:
 - (i) the issues in the dispute;
 - (ii) their positions; and
 - (iii) their efforts to resolve the dispute; and
 - (B) the parties shall request in writing to the individual's case manager an individualized support team meeting for the purpose of resolution of the dispute.
- (4) The parties shall abide by the decision of the individualized support team.
- (5) If the individualized support team cannot resolve the matter within fifteen (15) days after the date of the individualized support team meeting, then the parties shall refer the matter in writing to the individual's case manager for resolution of the dispute.
- (6) The individual's case manager shall make a decision within fifteen (15) days after the dispute is referred to the individual's case manager and give the parties notice of the individual's case manager's decision ~~to~~ under [IC 4-21.5](#).
- (7) Any party adversely affected or aggrieved by the individual's case manager's decision may request a review of the decision by the BDDS service coordinator within fifteen (15) days after the party receives written notice of the decision.
- (8) Any party adversely affected or aggrieved by the service coordinator's decision may request administrative review of the service coordinator's decision within fifteen (15) days after the party receives written notice of the service coordinator's decision.
- (9) Administrative review shall be conducted under [IC 4-21.5](#).

SECTION 52. (a) This SECTION supersedes [460 IAC 6-10-10](#).

- (b) A provider shall have an internal quality assurance and quality improvement system that is:
 - (1) focused on the individual;
 - (2) appropriate for the services being provided; and
 - (3) described, in whole, in a single, written policy or procedure.
- (c) The system described in subsection (b) shall include at minimum the following elements:
 - (1) An annual survey of individual satisfaction.
 - (2) An updated record of the findings of the annual individual satisfaction surveys.
 - (3) Documentation of efforts to improve service delivery in response to the survey of individual satisfaction.
 - (4) An assessment of the appropriateness and effectiveness of each outcome included in the individual's ISP.
 - (5) A process for:
 - (A) reporting reportable incidents;
 - (B) analyzing data associated with reportable incidents;
 - (C) developing and implementing a risk reduction plan to minimize the potential for future incidents; and
 - (D) monthly review of the risk reduction plan to assess progress and effectiveness.
 - (6) If medication is administered to an individual by a provider, a process for:
 - (A) identifying all medication errors;
 - (B) analyzing all medication errors and the persons responsible for them;
 - (C) developing and implementing a risk of reduction plan to mitigate and eliminate future medication errors; and
 - (D) a monthly review of the risk reduction plan to assess progress and effectiveness.
 - (7) If behavioral support services are provided by a provider, a process for:
 - (A) tracking targeted behaviors;
 - (B) analyzing the targeted behavior data and behavioral health of the individual;
 - (C) developing and implementing proactive and reactive strategies to improve the behavioral health of the individual;
 - (D) reviewing the proactive and reactive strategies to assess progress and effectiveness; and
 - (E) training staff behavioral supports.
 - (8) Available for review by DDRS.

SECTION 53. (a) This SECTION supersedes [460 IAC 6-10-11](#).

(b) A provider shall not:

- (1) use any area of an individual's home for a provider office, prohibiting the individual from access to the space and any equipment or furniture contained in the space; or**
- (2) conduct the provider's business operations not related to services to the individual in the individual's residence.**

SECTION 54. (a) This SECTION supersedes [460 IAC 6-10-12](#).

(b) An HRC shall:

(1) be authorized by:

(A) the executive director or board of directors of the provider company establishing the committee; or

(B) the director or designee for DDRS established HRCs;

(2) include a chairperson who:

(A) is not:

- (i) an owner;**
- (ii) a director;**
- (iii) an officer;**
- (iv) an employee;**
- (v) a contractor;**
- (vi) a subcontractor; or**
- (vii) an agent;**

of a BDDS approved provider entity authorizing the committee; and

(B) is responsible for coordinating the committee's functions;

(3) have a written policy defining the committee's functions, including review of:

(A) the use of restrictive interventions with an individual; and

(B) other human rights issues for individuals;

(4) consist of, in addition to the chairperson:

(A) at least one (1) person who meets behavioral support services provider qualifications per the most recently approved developmentally disabled waiver;

(B) at least one (1) person with one (1) or more years of work experience in the field of developmental disabilities who is a:

- (i) physician;**
- (ii) licensed nurse; or**
- (iii) person who holds at minimum a bachelor's degree in:**
 - (AA) occupational therapy;**
 - (BB) physical therapy;**
 - (CC) speech-language pathology;**
 - (DD) sociology;**
 - (EE) special education;**
 - (FF) rehabilitation;**
 - (GG) psychology; or**
 - (HH) another related human services field; and**

(C) at least one (1) person with a developmental disability;

(5) require participation of a minimum of three (3) members for any meeting during which decisions involving individual entitlements or rights are made; and

(6) disallow participation in committee deliberation and decision making by members of the individualized support team of the individual whose entitlements or rights are being addressed.

SECTION 55. (a) This SECTION supersedes [460 IAC 6-11-2](#).

(b) A provider shall maintain the following financial information:

(1) A statement of financial activities/income statement.

(2) A statement of financial position/balance sheet.

(3) Evidence of credit availability in the name of the provider company.

(c) A provider shall make the statements identified in subsection (b) available to the FSSA upon request.

(d) A provider shall be financially stable, with the documented ability to deliver services without interruption for at minimum two (2) months without payment for services.

SECTION 56. (a) This SECTION supersedes [460 IAC 6-12-2](#).

(b) A provider shall secure and keep in force insurance covering the provider for any and all claims of any nature which may in any manner arise out of or result from the provider's services to an individual.

(c) A provider shall secure and keep in force Workers Compensation coverage meeting all statutory requirements of [IC 22-3-2](#).

(d) Upon FSSA's request, a provider shall provide proof of insurance coverage identified in this policy by tendering a certificate of insurance:

- (1) when requesting approval to provide services; and
- (2) anytime thereafter.

SECTION 57. (a) This SECTION supersedes [460 IAC 6-14-3](#).

(b) A provider shall maintain documentation that:

- (1) the provider meets the requirements for providing services under this article; and
- (2) the provider's:

- (A) owners;
- (B) directors;
- (C) officers;
- (D) employees;
- (E) contractors;
- (F) subcontractors; or
- (G) agents;

meet the requirements for providing services under this article.

SECTION 58. (a) This SECTION supersedes [460 IAC 6-14-4](#).

(b) A provider and its owners, directors, officers, employees, contractors, subcontractors, or agents providing management, administrative, or direct services to an individual on behalf of a provider shall receive training in the protection of an individual's rights.

(c) Before providing services to individuals, all direct support professional staff shall undergo competency verification based on initial orientation training in:

- (1) DDRS approved core competencies;
- (2) DDRS incident reporting; and
- (3) physical intervention techniques necessary to provide emergency behavioral supports as outlined in the behavioral support plan policy.

SECTION 59. (a) This SECTION supersedes [460 IAC 6-14-5](#).

(b) All direct support professional staff working with individuals shall meet the following requirements:

- (1) Be at least eighteen (18) years of age.
- (2) Demonstrate the ability to communicate adequately in order to:
 - (A) complete required forms and reports of services provided;
 - (B) follow oral or written instructions; and
 - (C) communicate with an individual in the individual's mode of communication.
- (3) Complete training as referenced in section 14 of this rule.
- (4) Demonstrate continuous competency.

SECTION 60. (a) This SECTION supersedes [460 IAC 6-14-7](#).

(b) A provider shall:

- (1) develop;
- (2) distribute to its owners, directors, officers, employees, contractors, subcontractors, or agents providing any management, administrative, or direct services to an individual on behalf of a provider;

and

(3) enforce a policy and procedure regarding a code of ethics for its owners, directors, officers, employees, contractors, subcontractors, and agents providing any management, administrative, or direct services to an individual or on behalf of a provider.

SECTION 61. (a) This SECTION supersedes [460 IAC 6-15-2](#).

(b) A provider shall maintain personnel information that shall include the items for each:

- (1) owner;
- (2) director;
- (3) officer;
- (4) employee;
- (5) contractor;
- (6) subcontractor; or
- (7) agent;

of the provider in the provider's office identified in the provider agreement.

(c) The provider's files for subsection (b) shall include the following:

(1) A negative M. tuberculosis screening as currently recommended by the United States Department of Human Services Centers for Disease Control and Prevention, obtained prior to providing services.

(2) Cardiopulmonary resuscitation certification and updated recertification, provided by agents authorized by:

- (A) the American Red Cross;
- (B) the American Heart Association; or
- (C) other DDRS approved training entity.

(3) For those persons listed in subsection (b) who transport an individual in a vehicle owned by any person listed in subsection (b):

(A) Auto insurance information, updated when it is due to expire.

(B) Documentation that the person listed in subsection (b) has a valid driver's license for the type of motor vehicle used to transport individuals.

(4) Limited criminal history information that meets the requirements as referenced in [460 IAC 6-10-5](#) and [460 IAC 6-10-5.1](#).

(5) Professional licensure, certification, or registration, including renewals, as applicable.

(6) Copies of the agenda for each training session attended by the person.

SECTION 62. (a) This SECTION supersedes [460 IAC 6-16-1](#).

(b) This rule applies to a provider who uses:

- (1) owners;
- (2) directors;
- (3) officers;
- (4) employees;
- (5) contractors;
- (6) subcontractors; or
- (7) agents;

to provide services.

SECTION 63. (a) This SECTION supersedes [460 IAC 6-16-2](#).

(b) A provider shall:

(1) adopt and maintain a written personnel policy;

(2) review and update the personnel policy as appropriate; and

(3) distribute the personnel policy to each:

- (A) owner;
- (B) director;
- (C) officer;
- (D) employee;
- (E) contractor;
- (F) subcontractor; or
- (G) agent.

SECTION 64. (a) This SECTION supersedes [460 IAC 6-16-4](#).

(b) A provider shall compile the written policies and procedures required by section 2 of this rule into a written operations manual.

(c) The operations manual shall be reviewed and revised at minimum annually.

(d) Upon the request of DDRS, the provider shall:

- (1) supply a copy of the operations manual to DDRS or other state agency at no cost; and
- (2) make the operations manual available to DDRS or other state agency for inspection at the offices of the provider.

SECTION 65. (a) This SECTION supersedes [460 IAC 6-17-2](#).

(b) A provider shall maintain in the provider's office documentation of all services provided to an individual.

(c) Documentation related to an individual required by this article shall be maintained by the provider for at least seven (7) consecutive years from the most recent date of service.

(d) A provider shall analyze and update the documentation required by the:

- (1) standards under this article applicable to the services the provider is providing to an individual;
- (2) professional standards applicable to the provider's profession; and
- (3) individual's ISP.

SECTION 66. (a) This SECTION supersedes [460 IAC 6-17-3](#).

(b) The provider specified in the individual's ISP as being responsible for maintaining the individual's personal information shall maintain personal information kept in compliance with HIPAA and all other federal and state privacy statutes for the individual at:

- (1) the individual's residence; or
- (2) the primary location where the individual receives services.

(c) The individual's personal file shall contain at least the following information:

- (1) Telephone numbers for emergency services that may be required by the individual.
- (2) The individual's history of allergies, if applicable.
- (3) Consent by the individual or the individual's legal representative for emergency treatment for the individual.

(4) A photograph of the individual.

(5) A copy of the individual's current ISP.

(6) A copy of the individual's behavioral support plan, if applicable.

(7) Documentation of:

(A) changes in the individual's physical condition or mental status during the last sixty (60) days;

(B) an unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last sixty (60) days; and

(C) the response of each provider to the observed change or unusual event.

(8) If an individual's outcomes include bill paying and other financial matters, and the provider is the residential provider or the representative payee:

(A) the individual's checkbook with clear documentation that the checkbook has been balanced; and

(B) bank statements with clear documentation that the bank statements and the individual's checkbook have been reconciled.

(9) All environmental assessments conducted during the last sixty (60) days, with the signature of the person or persons conducting the assessment on the assessment.

(10) All medication administration recording forms.

(11) All behavioral support services documentation for the last sixty (60) days.

(12) All ISP outcome directed documentation for the last sixty (60) days.

(13) A copy of the individual's risk plans and any documentation for the past sixty (60) days, if applicable.

(14) A listing of all adaptive equipment used by the individual that includes contact information for the person or entity responsible for replacement or repair of each piece of adaptive equipment.

(15) Copies of medical, dental, and vision services summary documentation.

(d) All information listed above shall be maintained by the provider in a manner that allows for review at the time a verbal or written request is made by:

- (1) FSSA;**
- (2) DDRS; or**
- (3) OMPP.**

SECTION 67. (a) This SECTION supersedes [460 IAC 6-17-4](#).

(b) A provider specified in the individual's ISP as being responsible for maintaining the individual's personal information shall maintain the individual's personal information for an individual at the provider's office as referenced in section 3 of this rule.

(c) Information may be stored in an electronic format only if:

- (1) the provider had a detailed, written policy describing the electronic format or system;**
- (2) the format or system includes security features that ensure compliance with HIPAA and all other federal and state privacy statutes;**
- (3) all entries are permanent and identifiable to:**
 - (A) the person making the entry;**
 - (B) the date and time the entry was made;**
- (4) all information is available for review by DDRS or OMPP at the time of a verbal or written request; and**
- (5) all electronic signatures comply with the following:**
 - (A) Electronic Digital Signatures Act, [IC 5-24](#);**
 - (B) Uniform Electronic Transactions Act, [IC 26-2-8](#); and**
 - (C) Digital Signatures, [20 IAC 3](#).**

SECTION 68. (a) This SECTION supersedes [460 IAC 6-24-3](#).

(b) The provider, entity, or person identified in an individual's as being responsible for an individual's property or financial resources shall assist an individual to:

- (1) obtain, possess, and maintain financial assets, property, and economic resources; and**
- (2) obtain insurance at the individual's expense to protect the individual's assets and property.**

(c) If the provider is responsible for management of an individual's funds, the provider shall do the following:

- (1) Maintain separate accounts for each individual.**
- (2) Provide monthly account balances and records of all transactions to the individual and, if applicable, the individual's legal representative.**
- (3) Maintain receipts for all expenditures.**
- (4) Ensure the individual's funds are used only for the needs of the individual.**
- (5) Cooperate fully with any DDRS initiated financial review of the individual's finances.**

(d) An individual's account shall not include the name of the provider company or any:

- (1) owner;**
- (2) director;**
- (3) officer;**
- (4) employee;**
- (5) contractor;**
- (6) subcontractor; or**
- (7) agent;**

of the provider.

SECTION 69. (a) This SECTION supersedes [460 IAC 6-25-1](#).

(b) The person or provider responsible for coordination of health care for an individual shall be documented in the individual's ISP, and be one (1) of the following:

- (1) The individual.**
- (2) A family member of the individual or other person selected by the individual or legal representative of the individual.**

- (3) The residential habilitation and support provider for the individual for individuals receiving services under Medicaid waiver.**

SECTION 70. (a) This SECTION supersedes [460 IAC 6-25-2](#).

- (b) The responsible party identified in section 1 of this rule shall coordinate the health care received by the individual.**

SECTION 71. (a) This SECTION supersedes [460 IAC 6-25-3](#).

- (b) The responsible party identified in section 1 of this rule shall maintain personal information for each individual served.**

SECTION 72. (a) This SECTION supersedes [460 IAC 6-29-1](#).

- (b) A provider designated in the individual's ISP as responsible for providing environmental and living arrangement support for the individual shall ensure that an individual's physical environment includes modifications and adaptations in compliance with the requirements of the individual's ISP.**

SECTION 73. (a) This SECTION supersedes [460 IAC 6-29-2](#).

- (b) Each provider designated in the individual's ISP ensure the following: Residential, vocational, and employment services are provided in safe environments that are maintained and furnished.**

- (c) A provider designated in the individual's ISP as responsible for providing environmental and living arrangement support for the individual shall ensure that an individual's physical environment includes modifications and adaptations in compliance with the requirements of:**

- (1) the individual's ISP; and**
- (2) this rule.**

- (d) The entity financially responsible for any and all modifications and adaptations to an individual's residence that are necessary to comply with the individual's ISP and this rule is:**

- (1) the individual's residential habilitation and support provider when the provider owns, leases, or rents the residence in which the individual lives; or**
- (2) the adult foster care provider, if the individual resides in an adult foster care home; or**
- (3) the individual's parents or parents when the parent(s) purchases a home with the intent of providing a residence for the individual.**

- (e) In residential settings other than those identified in this subsection, authorization of environmental modifications may be requested from DDRS.**

- (f) The provider shall ensure that:**

- (1) An assessment of the individual's environment is conducted every ninety (90) days or as the needs of the individual change.**
- (2) The results of the assessment are documented.**

- (g) If an environmental assessment determines that an environment is unsafe for an individual, the provider shall take the appropriate steps to ensure that the individual is safe, including the following:**

- (1) Filing an incident report.**
- (2) Working with the individual and the individualized support team to resolve physical environmental issues.**

SECTION 74. (a) This SECTION supersedes [460 IAC 6-29-3](#).

- (b) The provider designated in an individual's ISP as responsible for providing environmental and living arrangement support shall ensure that appropriate devices or home modifications:**

- (1) are provided to the individual in accordance with the individual's ISP; and**
- (2) satisfy the federal Americans with Disabilities Act requirements and guidelines, as applicable.**

SECTION 75. (a) This SECTION supersedes [460 IAC 6-29-5](#).

- (b) A provider designated in an individual's ISP as responsible for providing environmental and living**

arrangement support for the individual shall do the following:

- (1) Maintain specific written safety and security policies and procedures in the:
 - (A) provider's office; and
 - (B) individual's home.
- (2) Train all owners, directors, officers, employees, contractors, subcontractors, or agents performing any management, administrative, or direct service to an individual on behalf of a provider company in implementing the policies and procedures.
- (c) The policies and procedures prescribed by subsection (b) shall include at least the following:
 - (1) Biohazard disposal.
 - (2) When and how to notify law enforcement agencies in an emergency or crisis.
 - (3) Scheduling and completion of evacuation drills.
 - (4) Written policies and procedures that shall be followed in an emergency or crisis requiring extraordinary efforts to ensure health, safety, and welfare.
 - (5) A provider shall provide the following training to the individual and anyone performing any management, administrative, or direct service to an individual on behalf of a provider company:
 - (A) evacuation procedures;
 - (B) responsibilities during drills;
 - (C) the designated meeting place outside the site of service delivery in an emergency; and
 - (D) emergency contact numbers.
 - (6) If an individual is unable to physically or functionally follow procedures for dealing with an emergency or crisis, the environmental and living arrangement support provider shall document the following in the individual's personal information:
 - (A) the individual is unable to follow emergency or crisis procedures; and
 - (B) the provider's plan for support of the individual in an emergency or crisis.

SECTION 76. (a) This SECTION supersedes [460 IAC 6-37](#).

(b) BDDS is the placement authority for persons with a developmental disability under service plans developed under [IC 12-11-2.1](#), including all placements in community-based settings and intermediate care facilities for the mentally retarded (ICF/MR).

SECTION 77. (a) This SECTION supersedes [460 IAC 6-38](#).

(b) In situations where an individual does not choose a provider within the specified time frame:

- (1) as a new enrollee; or
- (2) after receiving a sixty (60) day termination notice from the current provider;

the division may auto-assign a provider for the individual for thirty (30) days.

SECTION 78. THE FOLLOWING ARE TEMPORARILY REPEALED: [460 IAC 6-2-3](#); [460 IAC 6-3-2.1](#); [460 IAC 6-3-4](#); [460 IAC 6-3-5.1](#); [460 IAC 6-3-5.2](#); [460 IAC 6-3-6.1](#); [460 IAC 6-3-7](#); [460 IAC 6-3-10.1](#); [460 IAC 6-3-11](#); [460 IAC 6-3-12](#); [460 IAC 6-3-13](#); [460 IAC 6-3-14](#); [460 IAC 6-3-15](#); [460 IAC 6-3-15.1](#); [460 IAC 6-3-15.3](#); [460 IAC 6-3-16](#); [460 IAC 6-3-17](#); [460 IAC 6-3-20](#); [460 IAC 6-3-21](#); [460 IAC 6-3-23](#); [460 IAC 6-3-25](#); [460 IAC 6-3-26](#); [460 IAC 6-3-28](#); [460 IAC 6-3-29](#); [460 IAC 6-3-29.5](#); [460 IAC 6-3-31](#); [460 IAC 6-3-33](#); [460 IAC 6-3-37](#); [460 IAC 6-3-38](#); [460 IAC 6-3-38.6](#); [460 IAC 6-3-39](#); [460 IAC 6-3-40](#); [460 IAC 6-3-41](#); [460 IAC 6-3-41.1](#); [460 IAC 6-3-43](#); [460 IAC 6-3-44](#); [460 IAC 6-3-47](#); [460 IAC 6-3-48](#); [460 IAC 6-3-49](#); [460 IAC 6-3-50](#); [460 IAC 6-3-52](#); [460 IAC 6-3-53](#); [460 IAC 6-3-55](#); [460 IAC 6-3-56](#); [460 IAC 6-3-57](#); [460 IAC 6-3-58](#); [460 IAC 6-5](#); [460 IAC 6-6-3](#); [460 IAC 6-6-4](#); [460 IAC 6-7-1](#); [460 IAC 6-7-3](#); [460 IAC 6-7-4](#); [460 IAC 6-8-1](#); [460 IAC 6-9-1](#); [460 IAC 6-10-1](#); [460 IAC 6-10-6](#); [460 IAC 6-10-13](#); [460 IAC 6-11-1](#); [460 IAC 6-11-3](#); [460 IAC 6-12-1](#); [460 IAC 6-13](#); [460 IAC 6-14-1](#); [460 IAC 6-14-6](#); [460 IAC 6-15-1](#); [460 IAC 6-16-3](#); [460 IAC 6-17-1](#); [460 IAC 6-18](#); [460 IAC 6-19](#); [460 IAC 6-20](#); [460 IAC 6-21](#); [460 IAC 6-22](#); [460 IAC 6-23](#); [460 IAC 6-24-1](#); [460 IAC 6-24-2](#); [460 IAC 6-25-4](#); [460 IAC 6-25-5](#); [460 IAC 6-25-6](#); [460 IAC 6-25-7](#); [460 IAC 6-25-8](#); [460 IAC 6-25-9](#); [460 IAC 6-25-10](#); [460 IAC 6-26](#); [460 IAC 6-27](#); [460 IAC 6-28](#); [460 IAC 6-29-4](#); [460 IAC 6-29-6](#); [460 IAC 6-29-7](#); [460 IAC 6-29-8](#); [460 IAC 6-29-9](#); [460 IAC 6-30](#); [460 IAC 6-31](#); [460 IAC 6-32](#); [460 IAC 6-33](#); [460 IAC 6-34](#); [460 IAC 6-35](#); [460 IAC 6-36-1](#).

SECTION 79. SECTIONS 1 through 78 of this document take effect upon filing with the publisher.

SECTION 80. SECTIONS 1 through 78 of this document expire on February 28, 2014.

LSA Document #12-105(E)

Filed with Publisher: February 24, 2012, 11:46 a.m.

Posted: 02/29/2012 by Legislative Services Agency
An [html](#) version of this document.